

Section IV. "Financial Review" Continued...	YES	NO	REFERENCES/NOTES	
25. Are costs for light refreshments, meals or beverages included in the workplan or budget?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See GPI-11-02 "Food Policy". If YES, program must include Checklist for Determining the Allowability of Cost for Light Refreshments and Meals Under Assistance Agreements, i.e. "Food Policy" checklist, to the Funding Recommendation (FR) for new or continuation awards and amendments to awards made on or after 1/1/2011.	
26. Have <u>ALL</u> costs been reviewed and do they conform to the applicable Cost Principles and GPI-11-02, and are they: <u>Allowable</u> , <u>Allocable</u> , <u>Necessary</u> and <u>Reasonable</u> for proper and efficient administration of the project/program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cost Review Worksheet must be attached which documents administrative cost review. All outstanding issues must be resolved prior to award, including reconciliation of outstanding issues identified by the EPA Project Officer. See <u>Cost Review Guidance</u> : http://intranet.epa.gov/ogd/cost_review/main/index.htm	
V. WORK PLAN REVIEW	YES	NO	REFERENCES/NOTES	
27. Are the activities contained in the work plan consistent with the authorizing statute?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Activities must be classified under the authorizing Statute (i.e. Water Pollution abatement activities, Clean Water Act, Air Pollution abatement activities, Clean Air Act, etc.	
28. Does the Application involve environmental measurement or data collection?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, program must address Quality Assurance issues in Funding Recommendation (FR). [Verify in FR review]	
29. Does the application involve activities, including travel, which will be performed outside the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, Program must obtain approval from the office of International Activities prior to award. [Verify in FR review]	
30. Will Program Income be generated during this project?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, Program must address Program Income issues in FR. [Verify in FR review]	
31. Does the project involve HUMAN subjects?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, Program must obtain clearance from the EPA Human Subjects Approval Official. [Verify in FR review]	
32. Does the project involve ANIMAL Subjects?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, Program must address animal subjects in the FR. [Verify in FR review]	
33. Do the work plan activities involve conducting conferences or workshops?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, Program must address compliance with the Best Practices Guide for Conferences in FR. [Verify in FR review]	
34. Is this a cooperative agreement which will include the survey or collection of identical information from 10 or more persons, or a grant which will include the survey or collection of identical information from 10 or more persons and EPA will influence, design or develop the activities of the survey?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, Program must obtain required OMB clearance prior to the applicant initiating any work involving the survey or data collection. [Verify during FR review in Section VI of this document]	
35. Does the workplan specify target dates and milestones for project completion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If NO, advise program to request from applicant. See GPI 11-01, Section 9.0.	
VI. FUNDING RECOMMENDATION REVIEW *Use N/A when question/activity doesn't apply to the award.	YES	NO	N/A	REFERENCES/NOTES
36. Are the EPA Project Officer/Approvers/Approval Official (PO) certifications current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		If the certifications are not current, the award may not be processed until the PO/Approvers/Approval Official have completed required certification courses.
37. Has the Funding Recommendation (FR) been signed by the Delegated Approval Official?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		See Section II, No. 2 of this checklist. If FR is not signed, by correct Approval Official, return FR to Draft for correction. [Section II]
38. Are the Statutory and Delegation of Authority correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		See Section II, No. 1 & 2 of this checklist. If FR [Section A, A15, & A16] do not agree, please resolve. If applicable, FR may need to be returned to PO for correction.

Section VI. "Funding Recommendation Review" cont'd	YES	NO	N/A	REFERENCES/NOTES
39. Does the project description comply with the Data Quality Standards for project descriptions (GPI 04-05)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		If NO, advise PO to enter a FR comment to provide additional information. [Section A, A.23]
40. Is the Principal purpose of the award [Grant vs. Acquisition] decision documented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		If NO, return FR to Draft for revision by PO. [Section B, B1.]
41. Has the PO documented the decision to award a Cooperative Agreement vs. a Grant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		If incorrect, advise PO to enter a FR comment to provide additional information. [Section B, B.1.b.]
42. Has the PO addressed conferences/workshops?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		If NO, return FR to Draft for revision by the PO. [Section B, 2]
43. Is there documentation regarding how the activities to be funded fit with the Statutory Authority?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		If substantially incorrect, return FR to Draft for revision by the PO. [Section B, B.3.]
44. Has the PO documented compliance with the Environmental Results Order?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		If incorrect, advise PO to enter a FR comment to provide additional information. [Section B, B.4.c.]
45. Has the PO documented that the PRC and project activities are consistent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		If NO, return FR to Draft for revision by the PO. [Section B, B.4.d.]
46. If applicable, has the PO addressed Quality Assurance/Control/Management Plan Issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If NO, advise PO to enter FR comment to provide additional clarity or information. [Section B, 5.]
47. Is this a Non-Profit applicant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		If YES, ensure that the PO has determined the applicant has or will have programmatic capability to perform the work. [Section B,6]
48. If applicable, has the PO addressed HUMAN subject testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If NO, return FR to Draft for revision by the PO. [Section B, 11]
49. If applicable, has the PO addressed ANIMAL subject testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If NO, advise PO to enter a FR comment to provide additional information. [Section B,12]
50. If applicable, has the PO addressed Information Collection Requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If NO, advise PO to enter a FR comment to provide additional information [Section B,13]
51. If applicable, has the PO addressed International activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If NO, return FR to Draft for revision by the PO. [Section B. 14.]
52. Has the PO indicated that Homeland Security -Presidential Directive (HSPD-12) requirement for Smart Card applies to this applicant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		If YES, include the National Term and Condition in the award document which pertains to HSPD-12. [Section B. 16.]
53. Has the PO documented the Competitive/Non-competitive decision?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		If NO, return FR to Draft for revision by PO. [Section C.1, C.2. & C.3.]
54. Has the PO documented all costs are necessary and reasonable for program/project?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		If Cost Review Documentation is not attached, return FR to Draft for correction by the PO. [Section E.1.a]
55. If applicable, has the PO included a completed "Food Policy" checklist GPI-11-02 ?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If NO, advise PO to enter FR comment to provide checklist. [Section E.1.a]
56. If applicable, has the PO addressed the Pre-Award costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If NO, advise PO to enter FR comment to provide additional information. [Section E.2.]
57. If applicable, has the PO addressed the Multiple Appropriations Order?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If NO, advise PO to enter FR comment to provide additional information. [Section E.3.]
58. If applicable, has the PO documented compliance with Matching/Cost Share requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If NO, return FR to Draft for revision by the PO. [Section E.5.]
59. If applicable, has the PO documented the use of Program Income that will be generated under the agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If NO, advise PO to enter a FR comment to provide additional information. [Section E.7]
60. If applicable, has the PO provided disposition instructions for equipment to be acquired under the agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If NO, advise PO to enter a FR comment to provide additional information. [Section E.8.]
61. If applicable, has the PO obtained the AA/RA certification required for discretionary grant programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If NO, return FR to Draft for revision by the PO. [Section G.2]
62. Has the PO included Programmatic Terms and Conditions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		If YES, review for appropriateness and/or adequacy. [Section F]

Section VI." Funding Recommendation Review" cont'd	YES	NO	N/A *	REFERENCES/NOTES
63. Does this action require approval by the Senior Resource Official? If YES, approval must be obtained prior to award.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		SRO Concurrence is required when the total costs are expected to be over \$5 million for Continuing Environmental Programs and over \$1 million for Project grants.
VII. OTHER REQUIREMENTS	YES	NO		REFERENCES/NOTES
64. Does this action require White House Notification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Required for all awards which exceed \$1 million in Federal Funding
VIII. ADDITIONAL FOLLOW-UP ACTIONS NEEDED				
<u>Issue(s):</u>				<u>Date Resolved:</u>

Terms and Conditions of Award

Required: Part 30, 31/35 Recipients

Lobbying & Litigation
Reporting

Drug Free Workplace

Recycling (Use Appropriate Condition)

Subawards

Suspension & Debarment

Unliquidated Obligations

Hotel/Motel (State/Locals Only)

DBE (Use Appropriate Condition)

Subaward & Compensation Reporting

Management Fees

Reimbursement Limitation

Human Trafficking (Use Appropriate Condition)

A-133 Audit Requirement

CCR and Universal Identifier

As Needed:

☐ Human/Animal Subjects

☐ DWSRF

☐ QA/QC

☐ Superfund Remedial

☐ 3rd Party Funds/Services

☐ Intergovernmental Review

☐ Equipment Disposition

☐ Homeland Sec. Directive -12

☐ Historic Properties

☐ Payment

☐ Consultant Cap

☐ Nonprofit Online Training

☐ Procurement Services

☐ Construction Procurement

☐ Copyrighted Material

☐ Indirect Costs

☐ Program Income

☐ SPAP Conditions

☐ Procurement (Superfund Subpart O)

☐ CWSRF

☐ Travel Conditions

☐ Increment/Fully Funded Earmarks

☐ Foreign Recipient Conditions

☐ Research Misconduct

☐ Information Collection

☐ _____

☐ _____

☐ _____

GENERAL NOTES (Optional)

APPROVAL SECTION	
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 Grant Specialist	4/26/12 Date
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INTERNAL CONTROL REVIEW (Optional)

<p>_____</p> <p>Reviewer</p>	<p>_____</p> <p>Date</p>
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I. GENERAL INFORMATION

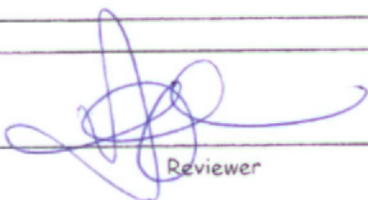
 APPLICANT: CO Dept. Natural Resources ASSISTANCE NO.: V-96803601-0
SECTION 1 - Additional Requirements Prior to Award ☐ N/A

Program Code	Requirement	Yes	No	Comments
A	<p>Was the final FSR submitted for most recently ended budget period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the final reconciliation complete? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is the required Level of Effort Amount?</p> <p>Prior Year Non-Federal Recurrent Expenditures: _____</p> <p>Current Non-Federal recurrent Expenditures: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	CAA Section 105 requires States to contribute a level of effort commensurate with the prior funding period.
BF	Brownfield CERCLA 104(k)(4)(b) - Are there administrative costs contained in the budget?	<input type="checkbox"/>	<input type="checkbox"/>	Administrative Costs are Prohibited
CB	CWA Section 117 - Do administrative costs exceed 10% of the Federal grant?			Costs in the form of salaries, overhead and indirect for administering the grant cannot exceed 10 percent of the federal funds awarded.
C6	CWA 604(b) - Has the 40% pass - thru requirement been satisfied?	<input type="checkbox"/>	<input type="checkbox"/>	If no, date RA waiver approved: _____
C9	<p>Non-Point Source Management CWA 319(h) - Do administrative costs in the form of salaries, overhead and indirect costs exceed 10 percent of the Federal funds?</p> <p>Has the Applicant satisfied the Maintenance of Effort requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>40 CFR 35.268(c) - Administrative costs in the form of salaries, overhead and indirect costs shall not exceed 10 percent of the funds the State receives in any fiscal year.</p> <p>40 CFR 35.266 requires States to maintain its aggregate expenditures from all other sources for programs for controlling non-point pollution and improving the quality of the State's waters at or above the average level of such expenditures in FY 1985 or 1986.</p>
CS	<p>Clean Water State Revolving Fund Program - Was the Intended Use Plan, Operating Agreement, Payment Schedule, Schedule of Binding Commitments & Attorney General Certification submitted with the Application for Federal Assistance?</p> <p>Does the payment schedule meet the requirements of 40 CFR 35.3155(c)?</p> <p>Does the schedule of binding commitments meet the requirements of 40 CFR 35.3135(c)?</p> <p>Do the administrative costs exceed 4 percent of the cumulative grant awards received by the applicant?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>40 CFR 35.3110(d)(2) - Attorney General Certification submitted with each award</p> <p>40 CFR 35.3130(a)(b) - IUP and Operating Agreement are components of the Application</p> <p>40 CFR 35.3120(g) - Administrative costs may not exceed 4 percent of all grant awards received by the SRF.</p>
FS	<p>Drinking Water State Revolving Fund Program - Was the Intended Use Plan, Operating Agreement, Payment Schedule, Schedule of Binding Commitments & Attorney General Certification submitted with the Application for Federal Assistance?</p> <p>Does the payment schedule meet the requirements of 40 CFR 35.3560(b)?</p> <p>Does the schedule of binding commitments meet the requirements of 40 CFR 35.3550(e)(1)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>40 CFR 35.3545(d) - Attorney General Certification submitted with each award</p> <p>40 CFR 35.3545(a) - IUP and Operating Agreement are components of the Application</p> <p>40 CFR 35.3435(b) - Administrative costs may not exceed 4 percent of all grant awards received by the SRF.</p>

	<p>Do the administrative costs exceed 4 percent of the cumulative grant awards received by the applicant?</p> <p>Is the set-aside for program mgmt. equal to or less than 10% of the State's allotment?</p> <p>Is the set-aside for technical assistance to small system equal to or less than 2% of the State's allotment?</p> <p>Is the set-aside for Local assistance and State Programs equal to or less than 15% of the State's allotment?</p>			
GA	<p>Indian Environmental Assistance Program - Is this the initial award of assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are the Federal funds awarded less than \$75k?</p>	<input type="checkbox"/>	<input type="checkbox"/>	40 CFR 35.548 - Initial award may not be less than \$75k. Subsequent amendments may be less
I	<p>Water Pollution Control CWA 106 - Has the Applicant satisfied the Maintenance of Effort Requirement?</p> <p>1971 Year Non-Federal Recurrent Expenditures: _____</p> <p>Current Non-Federal recurrent Expenditures: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	40 CFR 35.165 - A State or interstate Agency must expend annually for recurrent Section 106 program expenditures an amount of non-federal funds at least equal to expenditures during the fiscal year ending June 30, 1971.
K1	State Indoor Radon Grants - Section 308 - Does overhead and program administration costs exceed 25 percent of the federal funds awarded?	<input type="checkbox"/>	<input type="checkbox"/>	40 CFR 35.298(d) - Overhead and program administration costs shall not exceed 25 percent of the amount of the federal funds awarded
NE	National Environmental Education Act - Are the Federal funds awarded >\$250k?	<input type="checkbox"/>	<input type="checkbox"/>	40 CFR 47.115 - Individual awards may not exceed \$250k
T	Training Assistance - Does the budget and project exceed three years?	<input type="checkbox"/>	<input type="checkbox"/>	40 CFR 45.140 - Budget & Project periods may not exceed three years.
V	Superfund - Subpart O - Are pre-award costs contained in the application?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	40 CFR 35.6460* - Pre-award costs may be approved 90 days prior to award if contained in the Application for Federal Assistance & approved by the Award Official

*Proposed Regulatory Change for the Superfund Program

ADDITIONAL FOLLOW-UP ACTIONS NEEDED



Reviewer

3/26/12

Date

COST REVIEW TEMPLATE FOR GRANT SPECIALISTS
PROJECT GRANTS AND ALL OTHER GRANTS SUBJECT TO THIS COST REVIEW

(Print and retain a copy of this form in the grant file. Include comments at the end of the cost review as necessary.)

Application/Grant Number:	V-96803601	Applicant:	CO Dept. Natural Resources
Project Officer:	S. Way	Grant Specialist:	J. Guana
Project/Budget Period(s):	- 1/2/31/12	Date Application Signed:	2/2/12

Application is for: ☒ new funding ☐ supplemental funding ☐ other:

Personnel and Fringe Benefits

- | | |
|--|--|
| A. Is the applicant proposing personnel or fringe benefit costs as direct costs under the application? <i>If NO, go to Travel.</i> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| B. Are costs proposed in the "Personnel and Fringe Benefits" category appropriately categorized as personnel and fringe benefit costs? (If NO, identify by type and amount under C of the Cost Review Summary section and include the costs under the appropriate category.) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| C. Are the proposed personnel and fringe benefit costs allowable and allocable based on the applicable cost principles? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| D. Are there any unresolved personnel management system findings from prior administrative reviews or audits? (If YES, verify that the applicant's corrective action plan is being implemented properly and/or include a special T&C.) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| E. Are the fringe benefit costs calculated properly in the budget? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| F. Did you encounter any questionable costs that should be discussed with the PO? (If YES, discuss and resolve the questioned costs with the PO, and document the resolution under C of the Cost Review Summary section if the budget sheet was revised). | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Travel

- | | |
|---|---|
| A. Is the applicant proposing travel as a direct cost under the application? <i>If NO, go to Equipment.</i> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| B. Are costs proposed in the "Travel" category appropriately categorized as travel? (If NO, identify by type and amount under C of the Cost Review Summary section and include the costs under the appropriate category.) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| C. Are the proposed travel costs allowable and allocable based on the applicable cost principles? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| D. Are there any unresolved travel management system findings from prior administrative reviews or audits? (If YES, verify that the applicant's corrective action plan is being implemented properly and/or include a special T&C.) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| E. Did you encounter any questionable costs that should be discussed with the PO? (If YES, discuss and resolve the questioned costs with the PO, and document the resolution under C of the Cost Review Summary section if the budget sheet was revised). | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Equipment

- | | |
|--|---|
| A. Is the applicant proposing the purchase of equipment as a direct cost under the application? <i>If NO, go to Supplies.</i> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| B. Are costs proposed in the "Equipment" category appropriately categorized as equipment? (If NO, identify by type and amount under C of the Cost Review Summary section and include the costs under the appropriate category. Note that equipment means tangible non-expendable personal property including exempt property charged directly to the award having a useful life of more than one year and an acquisition cost of \$5,000 or more per | Yes <input type="checkbox"/> No <input type="checkbox"/> |

unit. However, consistent with recipient policy, lower limits may be established.)	
C. Are the proposed equipment costs allowable and allocable based on the applicable cost principles?	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. For non-State applicants, if sole-source procurements are indicated, has the applicant been informed of sole-source and cost-price analysis requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
E. Are there any unresolved property management system findings from prior administrative reviews or audits? (If YES, verify that the applicant's corrective action plan is being implemented properly and/or include a special T&C.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
F. Did you encounter any questionable costs that should be discussed with the PO? (If YES, discuss and resolve the questioned costs with the PO, and document the resolution under C of the Cost Review Summary section if the budget sheet was revised).	Yes <input type="checkbox"/> No <input type="checkbox"/>

Supplies

A. Is the applicant proposing supplies as a direct cost under the application? If NO, go to Contractual/Consultant Services.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B. Are costs proposed in the "Supplies" category appropriately categorized as supplies? (If NO, identify by type and amount under C of the Cost Review Summary section and include the costs under the appropriate category.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. Are the proposed supply costs allowable and allocable based on the applicable cost principles?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
D. Did you encounter any questionable costs that should be discussed with the PO? (If YES, discuss and resolve the questioned costs with the PO, and document the resolution under C of the Cost Review Summary section if the budget sheet was revised).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Contractual/Consultant Services

A. Is the applicant proposing to acquire contractual services as a direct cost under the application? If NO, go to Other Direct Costs.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B. Are costs proposed in the "Contractual/Consultant Services" category appropriately categorized as contractual costs? (If NO, identify by type and amount under C of the Cost Review Summary section and include the costs under the appropriate category.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Are the proposed contractual costs allowable and allocable based on the applicable cost principles?	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Are consultant base salary costs within the hourly and daily limitation established by EPA policy? (If the applicant proposes consultant costs, include the consultant fee T&C in the award document.)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
E. For non-State applicants, if sole-source procurements are indicated, has the applicant been informed of sole-source and cost-price analysis requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
F. Are there any unresolved procurement system findings from prior administrative reviews or audits? (If YES, verify that the applicant's corrective action plan is being implemented properly and/or include a special T&C.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
G. Did you encounter any questionable costs that should be discussed with the PO? (If YES, discuss and resolve the questioned costs with the PO, and document the resolution under C of the Cost Review Summary section if the budget sheet was revised).	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Direct Costs

- A. Is the applicant proposing any other types of costs as direct costs under the application?
If NO, go to Indirect Costs.
- B. Are costs proposed in the "Other" category appropriately categorized as other costs, (i.e., they do not belong in one of the previous budget categories)? (If NO, identify by type and amount under C of the Cost Review Summary section and include the costs under the appropriate category.)
- C. Are the costs allowable and allocable based the applicable cost principles?
- D. Does the proposed budget indicate any fees, contingencies, or the addition of a percentage of direct costs? Fees are unallowable costs and must be removed from the budget.
- E. Did you encounter any questionable costs that should be discussed with the PO? (If YES, discuss and resolve the questioned costs with the PO, and document the resolution under C of the Cost Review Summary section if the budget sheet was revised).

Yes ☐ No ☒

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Indirect Costs

- A. Is the applicant proposing indirect costs under the application?
If NO, go to Cost Review Summary.
- B. Does the applicant have a current negotiated or provisional indirect cost rate, or an indirect cost rate proposal submitted to their cognizant agency? You may check the DHHS IDC database at http://rates.psc.gov/fms/dca/new_search.html or the Grantee Compliance Database in IGMS to verify the applicant's IDC rate.

Yes ☒ No ☐

Yes ☒ No ☐

If B is NO:

For Non-profits:

Attach a T&C to the award that requires the recipient to submit a proposed indirect cost rate within 90 days of receipt of award to the National Policy, Training, and Compliance Division's IDC control desk. If EPA is not the applicant's cognizant agency, the applicant must submit to EPA documentation showing that they submitted a proposal to their cognizant agency. The recipient cannot draw down indirect cost funds until EPA or their cognizant agency receives documentation in support of their proposed indirect cost rate.

For States:

Call the Indirect Cost Rate Negotiator for OAM, Jacqueline Smith, at 202-564-5055 to verify the applicant's IDC rate.

For Tribes:

Verify that the applicant's IDC rate is neither located on the DHHS website nor with the National Business Center (NBC). You may contact Maria Nua of NBC at 916-566-7111 to request information about a tribal applicant's IDC rate. If a valid IDC rate agreement or submitted proposal cannot be found, contact the applicant and request a copy. If the applicant cannot produce a valid IDC rate agreement or evidence of a submitted IDC rate agreement proposal, attach the appropriate T&C to the grant from the National T&C database.

For Universities and Hospitals:

Verify that the applicant's IDC rate is not located on the DHHS website. If a valid IDC rate agreement or submitted proposal cannot be found, contact the applicant and request a copy. If the applicant cannot produce a valid IDC rate agreement or evidence of a submitted IDC rate agreement proposal, attach the appropriate T&C to the grant from the National T&C database.

For Localities:

Verify that the applicant does not have a negotiated IDC rate with their cognizant agency, and that the applicant has not submitted an IDC rate proposal to their cognizant agency. To determine the applicant's cognizant agency, ask the applicant who negotiated their IDC rate. If the applicant cannot produce a valid IDC rate agreement or evidence of a submitted IDC rate agreement proposal, attach the appropriate T&C to the grant from the National T&C database. If the applicant does not have a designated cognizant agency, request a copy of an award document from a previous federal award that stipulates the IDC rate. This award should be from the federal agency that provides the applicant more funds than any other federal agency. The current requested IDC rate should match the IDC rate from the previous federal award. If the applicant has never received a federal assistance award, EPA will serve as the applicant's cognizant agency. Contact the National Policy, Training, and Compliance Division's IDC control desk to initiate the IDC rate negotiation process.

- C. Is the budgeted indirect cost rate request equal to or less than the current negotiated, provisional, or proposed indirect cost rate? (If NO, work with the applicant to ensure proper application of the IDC rate.)
- E. Are indirect costs calculated properly in the budget? (If NO, work with the applicant to ensure proper application of IDC.)

Yes ☒ No ☐

Yes ☒ No ☐

Cost Review Summary

- A. Is the total for each budget category (as proposed or as revised based on follow-up with the Project Officer) correct?
- B. Based on this review, the costs contained in the budget are accepted as contained in the Application for Federal Assistance or any amendment thereto.
- C. Did this cost review analysis result in questioned or miscategorized costs that required the applicant to submit a revised budget sheet? (If YES, please provide a brief narrative on the questioned or miscategorized costs and the resolution of the questioned costs. Prior to contacting the applicant, the Project Officer should be consulted to determine who should contact the applicant.)

Yes ☒ No ☐

Yes ☒ No ☐

Yes ☐ No ☒

Cost Review Analysis Summary

The cost review analysis of the proposed applicant budget was conducted in accordance with cost review principles set forth in applicable EPA cost review guidance. Answers to all cost review questions are based on the best professional judgment of the undersigned reviewer.

Grant Specialist Name: J. Guerra

Grant Specialist Signature: 

Date: 3/26/12



Colorado Department of Natural Resources V-96803601-0
Jasmin Guerra to: Brian Switzer
Bcc: Jasmin Guerra

04/26/2012 03:50 PM

Hi Brian,

I am sending the ACH form sent by the Colorado Department of Natural Resources. I have not awarded this grant yet so you probably won't have a record for the recipient or grant number. I know you don't need these anymore but just in case I thought I would sent it anyway.

Thanks!

Jasmin Guerra
USEPA, Region 8, TMS-G
1595 Wynkoop St.
Denver, CO 80202-1129
Phone: 1-800-227-8917 ext. 6508
or (303) 312-6508 phone
Fax: (303) 312-6685
Email: guerra.jasmin@epa.gov

----- Forwarded by Jasmin Guerra/R8/USEPA/US on 04/26/2012 03:46 PM -----

From: Mail R8Printer/R8/USEPA/US@EPA
To: Jasmin Guerra/R8/USEPA/US@EPA
Date: 04/26/2012 03:45 PM
Subject: Scan to Email from 8257MR

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ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

OMB No. 1510-0050

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse for additional instructions.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY		
U.S. Environmental Protection Agency		
AGENCY IDENTIFIER	AGENCY LOCATION CODE (ALC)	ACH FORMAT
LVPC	68128933	<input checked="" type="checkbox"/> CCO+ <input type="checkbox"/> CTK
ADDRESS		
PO Box 98515		
Las Vegas, NV 89193-8515		
CONTACT PERSON NAME		TELEPHONE NUMBER
		(702) 798-2486
ADDITIONAL INFORMATION:		
FAX Number: (702) 798-2423		

PAYEE/COMPANY INFORMATION

NAME		SSN NO. OR TAXPAYER ID NO.
FKA Division of Reclamation, Mining & Safety		84-0646739
ADDRESS		
1313 Sherman Street, Room 215, Denver, CO 80203		
CONTACT PERSON NAME		TELEPHONE NUMBER
Stephanie Job		(303) 866-3282 ext 8635

FINANCIAL INSTITUTION INFORMATION

NAME	
JP Morgan Chase	
ADDRESS	
1125 17th Street, 3rd Floor, CO 1-9542, Denver, CO 80202	
ACH COORDINATOR NAME	TELEPHONE NUMBER
David Rowe	(303) 244-3008
NINE-DIGIT ROUTING TRANSIT NUMBER	
1 0 2 0 0 1 0 3 7	
DEPOSITOR ACCOUNT TITLE	
Treasurer, State of Colorado	
DEPOSITOR ACCOUNT NUMBER	LOCKBOX NUMBER
193489208	
TYPE OF ACCOUNT	
<input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL (Could be the same as ACH Coordinator)	TELEPHONE NUMBER
David Rowe, A.V.P. 1/13/12	(303) 244-3008

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David Rowe 303-244-3008